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CONFIRMATION NO. 4220

SERIAL NUMBER 10/720,190	FILING OR 371(c) DATE 11/25/2003 RULE	CLASS 606	GROUP ART UNIT 3739	ATTORNEY DOCKET NO. 06530.0317
APPLICANTS Malka Berndt, Lexington, MA; ** CONTINUING DATA ***** <i>AT</i> ** FOREIGN APPLICATIONS ***** <i>AT</i> IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/24/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Alex</i> <i>AT</i> Examiner's Signature Initials		STATE OR COUNTRY MA	SHEETS DRAWING 3	TOTAL CLAIMS 33
			INDEPENDENT CLAIMS 3	
ADDRESS 22852				
TITLE Medical device with visual indicator and related methods of use				
FILING FEE RECEIVED 2854	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	